The Bob Logan Memorial Scholarship Application

Last name:	First name:
Email:	Phone number:
major or minor in music (voca	f Nouvel Catholic Central High School who will have a all or instrumental). Ived in vocal or instrumental music in high school either at
☐ I have reviewed the eligibly requirement any/all necessary criteria.	ements related to this scholarship and am confident that I
	ient, I acknowledge and give permission for the Catholic igan to use my name and/or image in media announcements
Year of graduation from Nouvel Cath	olic Central High School:
Please provide a statement that describinstrumental music at Nouvel Catholic	bes how you have been involved in vocal and/or c Central Schools and/or your parish.
	I to submit letters of support/recommendation from member of affirm and speak to the applicant's participation in and exprogram.
Please list the any items that you have	e included in addition to the application.
College(s) you applied to / plan to atte	end:
	cal music minor or major that you plan to peruse at the relcome to include information for the college/university as

$\ \square$ I affirm that all information contained	within and/or a	s part of this a	application is	accurate and
true to the best of my knowledge.				

A completed application and related documents must be submitted in a single document/attachment to:

- Electronically: scholarships@dioceseofsaginaw.org
 (Please list only the name of the scholarship in the subject line of the email)
- Mail: Diocese of Saginaw
 Attention Office of Catholic Schools
 (CCFMM Scholarship)
 5800 Weiss St.
 Saginaw, MI 48603

Applications received after the deadline will not be accepted.

The Catholic Community Foundation of Mid-Michigan, the Office of Catholic Schools and any related parties are not responsible for any format/technology errors that may result in an application not being reviewed.

